

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/24/05</u>		2 Serial/Patent # <u>10/529194</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>fee change</u>			\$ <u>550</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>550</u>
		8 TO BE REFUNDED BY:		
9 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #:  <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 6 2 1 8 1 8 </div> </div>		
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>		
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 231</u>		
OFFICE: <u>DO/EO</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: